

[Your Clinic or Hospital Name]

[Address]

[City, State, Zip Code]

[Phone Number]

[Email Address]

[Date]

[Recipient's Name]

[Recipient's Address]

[City, State, Zip Code]

Dear [Recipient's Name],

This letter serves to verify that [Patient's Full Name], born on [Patient's Date of Birth], has received the FVRCP (Feline Viral Rhinotracheitis, Calicivirus, Panleukopenia) vaccination. The vaccination was administered on [Date of Vaccination] at our facility.

The vaccination is an important part of the pet's preventive care, and it is valid for [mention duration of effectiveness, if applicable].

Should you have any further questions or require additional information, please do not hesitate to contact us at [Clinic/Hospital Phone Number].

Sincerely,

[Signature]

[Your Name]

[Your Title]

[Your Clinic or Hospital Name]